

MDR Tracking Number: M5-04-2065-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 3-10-04.

The IRO reviewed nervous system surgery (64999-22), joint mobilization, manual traction, office visits with and without manipulations, chiropractic manipulative treatments (one to two regions and three to four regions), and manual therapy techniques on 3-11-03 to 10-17-03.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. On 5-7-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

On 10-22-04, the requestor submitted a letter stating they did not wish to pursue the additional issues.

The above Decision is hereby issued this 22nd day of October 2004.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

MEDICAL REVIEW OF TEXAS
3402 Vanshire Drive **Austin, Texas 78738**
Phone: 512-402-1400 **FAX: 512-402-1012**

NOTICE OF INDEPENDENT REVIEW DETERMINATION

REVISED 5/11/04

TWCC Case Number:	
MDR Tracking Number:	M5-04-2065-01
Name of Patient:	
Name of URA/Payer:	
Name of Provider: (ER, Hospital, or Other Facility)	
Name of Physician:	Dr. V
(Treating or Requesting)	

April 26, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

Medical Review of Texas (MRT) hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to MRT.

Sincerely,

CLINICAL HISTORY

Patient received extensive physical medicine treatments after sustaining an on-the-job injury while pushing and pulling containers out of truck on ____.

REQUESTED SERVICE(S)

Joint mobilization, manual traction, office visits with and without manipulations, unlisted procedure, nervous system (64999), manipulations, and chiropractic manipulative treatment and manual therapy techniques from 03/11/03 through 10/17/03.

DECISION

Denied.

RATIONALE/BASIS FOR DECISION

Based on the patient's reported symptoms, it would be reasonable to assume that 8 weeks of passive, active and manipulative treatment would be medically necessary. However, the medical records submitted are devoid of any documentation whatsoever that would support care after that initial 8 week period.

Since the computer generated text was essentially identical and often verbatim from day to day, actual progress notes – for all practical purposes - were not supplied. More importantly, "no change" in the patient's condition or symptoms was noted in the daily chart notes innumerable times during the treatment dates in question. In fact, there were no objectively measurable gains that documented the need for the protracted treatment plan. Therefore, the doctor should have realized that his care was medically unnecessary on the basis that the patient obtained little to no relief from the treatments, promotion of recovery was not accomplished and there was no enhancement of the employee's ability to return to or retain employment. The treatment therefore did not meet the required statutory standard to be considered medically necessary.